



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service  
Prior Authorization Criteria**

**EVZIO® (naloxone auto-injection)  
[Prior Authorization Request Form](#)**

Evzio is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. Evzio is intended for immediate administration as emergency therapy in settings where opioids may be present. Evzio is not a substitute for emergency medical care.

It is strongly recommended that the prescriber complete the Opioid Overdose Risk Assessment Checklist Form and submit for documentation. The link below is for the form: <http://evzio.com/pdfs/Evzio-Opioid-Overdose-Risk-Assessment-Checklist.pdf>

Evzio will be authorized for one (1) year at a quantity limit of four (4) per claim (two (2) boxes - 1.6 ml) if the following criteria have been met:

- 1.) Patient must be receiving addiction counseling services if the diagnosis is substance abuse, dependence and/or addiction; such as psychosocial therapy from a Substance Abuse provider. Documentation provided must include provider name, type of provider, and provider phone number.

**AND**

- 2.) The medication is to be administered outside of a healthcare facility (such as a personal residence or school)

**AND**

- 3.) Request must document why naloxone syringes cannot be used. Claims history must indicate at least two (2) previous fills of the naloxone syringes as evidence that an effort has been made to use that product.

**References**

- 1) Lexi-Comp drug monograph for Evzio (Nov. 10<sup>th</sup>, 2014)
- 2) [www.Evzio.com](http://www.Evzio.com)
- 3) Evzio package insert (rev 4/2014)